**Precepting Specific Support:**

We know that some providers have had experience precepting students but recognize that teaching the medical knowledge or clinical skills you practice every day to someone who is starting out might be new for other providers. Therefore, we want to provide you with some additional supports to supplement this experience. We recommend for everyone- regardless of past experience- to review the One Minute Preceptor. Below you will find video or written options as well as a summary of key points.

**The One Minute Preceptor:**

1. Video:
	1. [One minute preceptor video](https://vimeo.com/118248476)
2. Reading:
	1. [One minute preceptor article](https://www.gvsu.edu/cms4/asset/E6494549-9D1E-60EB-2FAF608662526253/the_one_minute_preceptor.pdf)
3. Key take points:
	1. Get the trainee to commit to a diagnosis and treatment option
		1. Get verbal commitment to a plan
		2. If unable/trainee gets stuck try asking: “*what do you think is going on here?” “how do you think we should treat this patient?”* or start even smaller with *“what other diagnosis would you consider in this case?”* or *“what lab tests do you think we should get?”*
	2. Probe for supporting evidence:
		1. Explores the reasoning for their treatment plan
		2. “*what factors in the history and physical support your diagnosis?” “why would you choose XX (that lab, medication, decision)?”*
	3. Teach general rules that can he applied to other situations:
		1. Time is usually tight so this can be a few sentences of pearls or facts that they can keep with them for similar cases in the future
	4. Reinforce what was done right:
		1. Learning is enhanced by knowing what was done well AND why. Specific positives are important to this process
	5. Correct mistakes:
		1. Also important to learning is what could use improvement. Avoid terms like “bad” or “poor.” Could use *“not best”* or *“it is preferred”* instead.

**The overly confident trainee:**

1. Video:
	1. [The overly confident trainee video](https://vimeo.com/118248471)

**The overly sensitive trainee:**

1. Video:
	1. [The overly sensitive trainee video](https://vimeo.com/118248472)

**Evaluation and Giving Feedback:**

Feedback is an essential component of the learning and growth process. Although we have formal time through our Mid-Year Evaluation and End of Year Evaluation in which feedback is given through our competency tool, residents often state that they appreciate and desire comments from preceptors about how they are doing. We know it can be easy to give positive feedback- and encourage you to do so! But we also recognize that conversations around challenges and weakness can often lead to the most growth. Below we provide some resources that can help guide this process and help you feel most confident

**Dos and Don’ts:**

1. Reading material:
	1. [Dos and Don'ts of feedback](https://nursing.ucsf.edu/sites/nursing.ucsf.edu/files/inline-files/dos%20and%20donts%20of%20feedback.pdf)
2. Key points:
	1. Provides a review of literature on the encouraged behaviors around precepting as well as the actions that are discouraged
	2. Dos:
		1. Treat feedback as a conversation between TWO people
		2. Feedback must come from a credible source: this information should be well-informed, based off of direct observations and from someone the person trusts
		3. **Be specific and individual** – focus on how the task was done and how that action could or should have been done
			1. Reinforce key points well done if/as applicable
			2. After discussion on how the action could or should have been done, talk about strategies for how future improvement could take place
		4. Make feedback **actionable –** provide structure or a path as to how the resident could start to make a change
		5. Promote a culture where feedback is a part of training
	3. Don’t’
		1. (don’t) Assume that it’s a one size fits all approach. Its important to recognize that different people will have/need different styles
		2. (don’t) Provide feedback without follow up- follow up allows the resident to show improvement and to be aware that there will be accountability
		3. (don’t) underestimate the emotional impact of perceived negative feedback- this can become a barrier for residents to overcome to use feedback

**ART of feedback: Ask, Respond, Tell**

A learner centered approach that allows the resident to identify their strengths and areas for improvement. Allows for insight into the student perception of their performance while creating a space for preceptors to provide their assessment of their progress.

**Ask:**

1. **What went well?** (example: what parts of your assessment of the patient went well?)
2. **What could be improved?** (example: what parts of your assessment could be improved?)

**Respond by telling**

**Tell:**

1. **This is what I think went well…**
2. **This is what I think could be improved …**

**Reminders:**

* Nonverbal communication:
	+ Tone of voice
		- Keep empathetic and warm
		- Nonjudgemental
		- Sincere
	+ Body language:
		- Eye contact
		- Affective feeling
	+ Slow down:
		- Be mindful of speed of speech so person can absorb the information
	+ Open:
		- Honesty